

991830026

## ISSUE SLIP STAPLE AREA (for additional cross references)

INITIALS	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	/	/		51	/	/		101	/	/	
2	/	/		52	/	/		102	/	/	
3	/	/		53	/	/		103	/	/	
4	/	/		54	/	/		104	/	/	
5	/	/		55	/	/		105	/	/	
6	/	/		56	/	/		106	/	/	
7	/	/		57	/	/		107	/	/	
8	/	/		58	/	/		108	/	/	
9	/	/		59	/	/		109	/	/	
10	/	N		60	/	/		110	/	/	
11	/	/		61	/	/		111	/	/	
12	/	/		62	/	/		112	/	/	
13	/	/		63	/	/		113	/	/	
14	/	/		64	/	/		114	/	/	
15	/	/		65	/	/		115	/	/	
16	/	/		66	/	/		116	/	/	
17	/	/		67	/	/		117	/	/	
18	/	/		68	/	/		118	/	/	
19	/	/		69	/	/		119	/	/	
20	/	/		70	/	/		120	/	/	
21	/	/		71	/	/		121	/	/	
22	/	/		72	/	/		122	/	/	
23	/	/		73	/	/		123			
24	/	/		74	/	/		124			
25	/	/		75	/	/		125			
26	/	N		76	/	/		126			
27	/	/		77	/	/		127			
28	/	/		78	/	/		128			
29	/	/		79	/	N		129			
30	/	/		80	/	/		130			
31	/	/		81	/	/		131			
32	/	N		82	/	N		132			
33	/	N		83	/	N		133			
34	/	/		84	/	/		134			
35	/	/		85	/	/		135			
36	/	/		86	/	/		136			
37	/	/		87	/	/		137			
38	/	/		88	/	/		138			
39	/	/		89	/	/		139			
40	/	/		90	/	N		140			
41	/	N		91	/	N		141			
42	/	N		92	/	N		142			
43	/	N		93	/	N		143			
44	/	N		94	/	N		144			
45	/	N		95	/	N		145			
46	/	N		96	/	N		146			
47	/	N		97	/	N		147			
48	/	N		98	/	N		148			
49	/	N		99	/	N		149			
50	/	N		100	/	N		150			

If more than 150 claims or 10 actions  
staple additional sheet here

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